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TECHNOLOGY CENTER 3700

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TO:

Name: Examiner David Reip
Firm: Patent & Trademark Office
Fax No.: 703-746-3310

FROM:

Name: Thomas H. Martin, Esq.
Phone No.: 703-818-3261
No. of Pages (including this): 14Subject: USSN: 09/618,036, filed 7/17/00
Gary K. Michelson, M.D.
ANTERIOR CERVICAL PLATING
SYSTEM, INSTRUMENTATION, AND
METHOD OF INSTALLATION
Our Ref: 101.0056-07000
Customer No. 22882

Date: July 11, 2002

Confirmation Copy to Follow: No

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$504.00 additional claims fee to be charged to Deposit Account No. 50-1066) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on July 11, 2002.


Thomas H. Martin

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FORM PTO-1083

Attorney Docket No.: 101.0056-07000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 09/618,036

Filed: July 17, 2000

For: ANTERIOR CERVICAL PLATING SYSTEM,
INSTRUMENTATION, AND METHOD OF
INSTALLATION

Art Unit: 3731

Examiner: D. Relp

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Assistant Commissioner for Patents
Washington, D.C. 20231

TECHNOLOGY CENTER 3700

Dear Sir:

Transmitted herewith is a reply to the Office Action dated December 6, 2001 in the above-identified application.

☐ No additional fee is required.☐ Applicant hereby requests a three-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	9	-	20	**	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	0	-	3	***	6	LG=\$84 SM=\$42	\$ 504.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL							\$ 504.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ A fee in the amount of \$504.00 to cover the additional claims fee is to be charged to Deposit Account No. 50-1066.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
MARTIN & FERRARO, LLP

Date: July 11, 2002

By: Thomas H. Martin
Registration No. 34,383
Attorney for Applicant14500 Avion Parkway, Suite 300
Chantilly, VA 20151-1101
Telephone: 703-679-9300
Facsimile: 703-679-9303

Transmittal of Amendment.DOC

Received from <7036799303> at 7/11/02 10:58:15 AM [Eastern Daylight Time]

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